Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	12/19/2013	Address:	252 E High Street
Incident #:	13ISPC012295		Redkey, IN
County :	Jay		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel☑ Open – No Structure☐ Other:
(check all that	l: Location (bedroom, kitchen, open air, apply) or Birch Reaction(s):	etc)	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium): Garage			
Anhydrous Ammonia:			
Corrosive Acid:			
☐ Corrosive Base: Garage			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
\boxtimes Yes $\underline{1}$ (n $\underline{\square}$ No	age 18 discovered (check appropriate) umber present) not present but evidence they reside	Living condi unclean Estimated les occurring:	tions of home: clean disarray disarray ngth of time manufacturing had been formation:
This report l	has been faxed* or emailed to the fo	ollowing agencies that	at serve the location:
Health Depar	nent City, Township or County <u>Redkey</u> trent County: <u>Jay</u> of Child Services Hotline: <u>dcshotliner</u>	Fax: Email	
	ormation regarding this methamphetan Officer: Nate Raney Phor	mine laboratory, cont ne <u>765-778-2121</u>	tact

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.